

Name
in
Full

CERTIFICATE OF DEATH

James Andrews

Town

County

Died at Almshouse, near Cherry Hill, Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

April

25

Age

69?

Sex

male

Color or
Race

white

Birth-
place

Unknown

Occupation

Inmate of Almshouse

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

County Records

How related
to deceased

CAUSES OF DEATH

179

Primary

Natural causes

How long

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Richard Nelson

Address

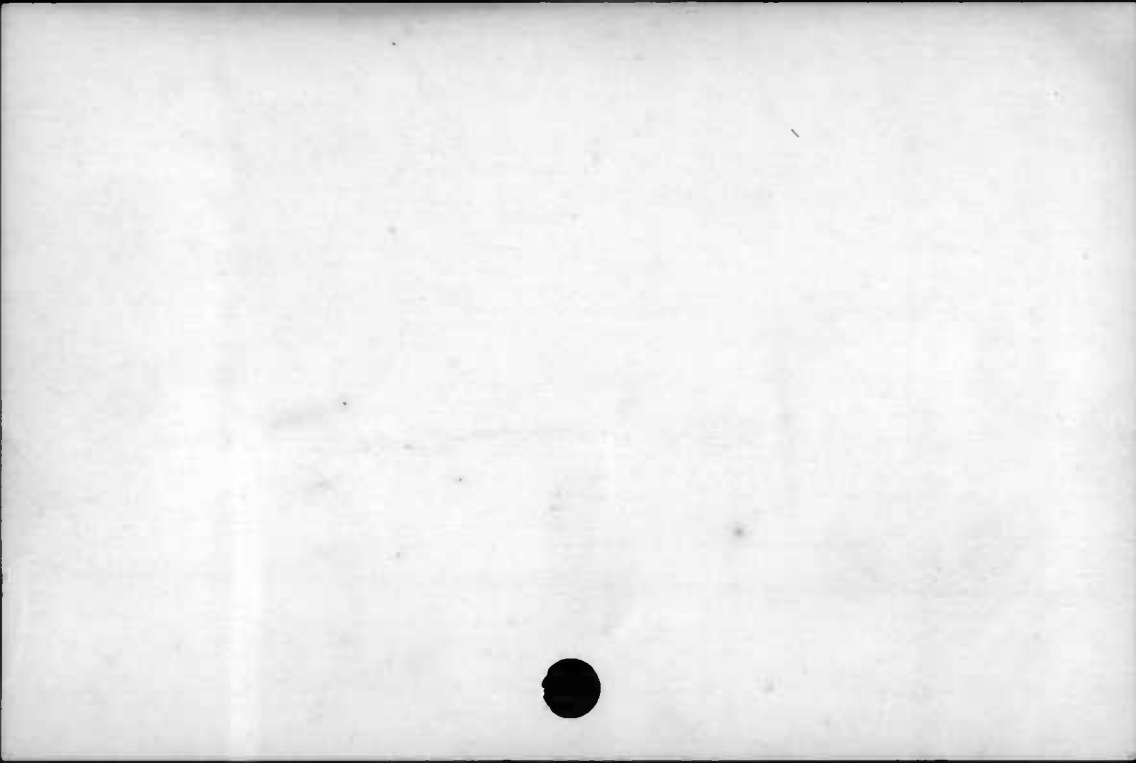
Coroner of Cecil Co

Eckton, Maryland

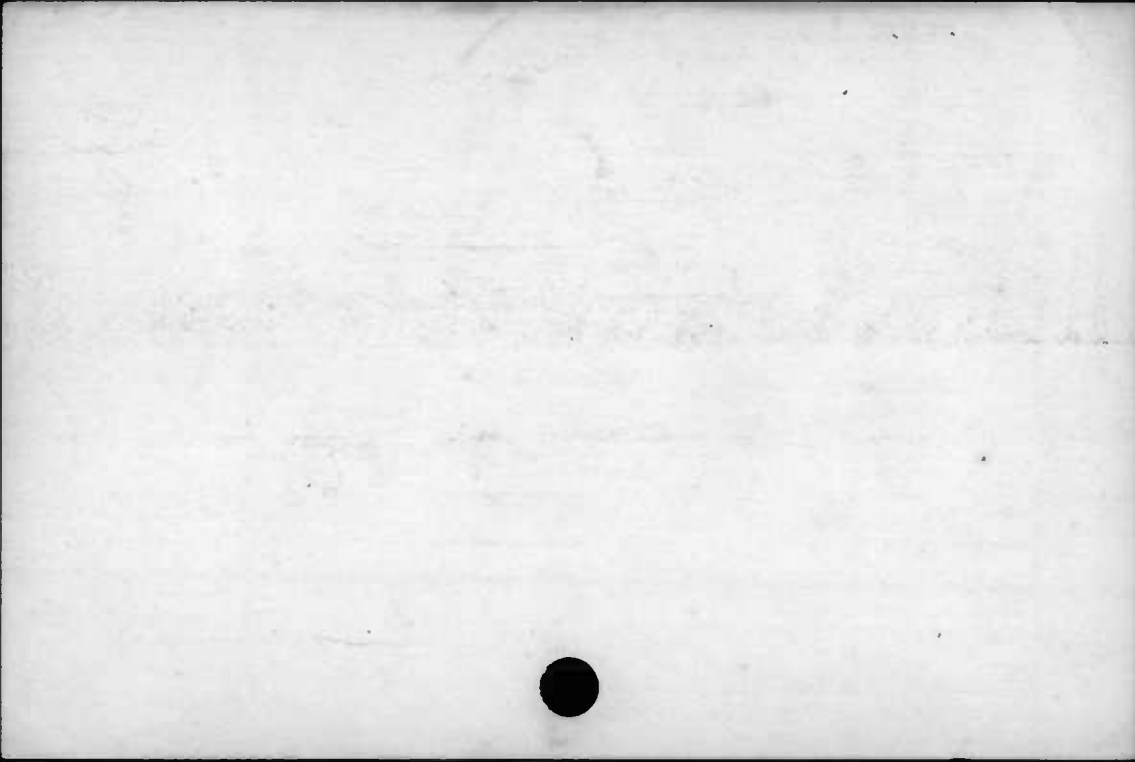
Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Roman Barrett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Perryville		Cecil		MARYLAND		
	Date of death	1908	Month 4-	Day 17	Age 9	Months	Days	
	Sex	Male		Color or Race	White		Birth-place	New Jersey
	Occupation	School boy			Where Residing if not at place of death	Perryville, Md		
	Married, Single or Widowed	Single		Name of Wife or Husband	Single			
	Father's Name	Roman Barrett				Father's Birthplace	Md -	
	Mother's Maiden Name	Emma Scott				Mother's Birthplace	Md -	
Name of person giving information	Mrs. Roman Barrett				How related to deceased	Mother -		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Convulsions				How long	28 hours	
	Immediate	Pulmonary Oedema				How long	Several hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. G. Jack.	
						Address	L. H. Taylor.	
	Accident or Suicide?	No						



Name
in
Full

CERTIFICATE OF DEATH

Bender
County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

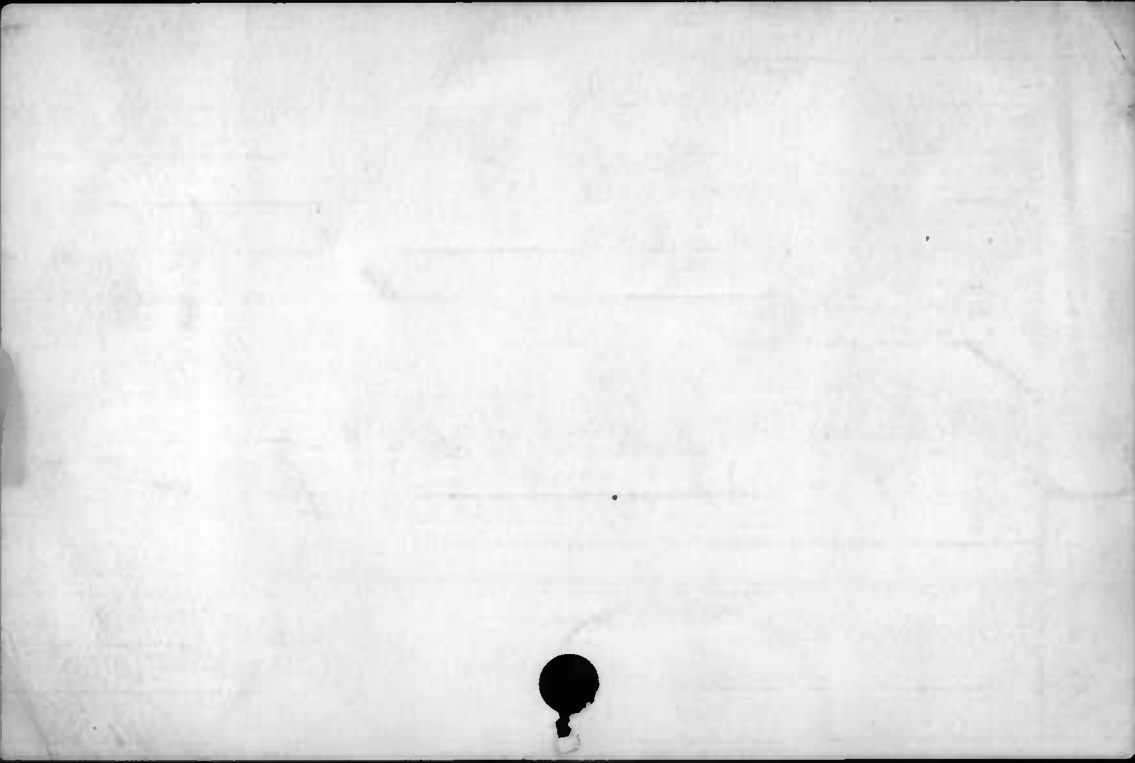
Died at <i>Port Deposit</i>		Town		County			
Date of death	1908	Month	Apr.	Day	10	Age	Years
Sex	Male	Color or Race	White	Birth-place	Port Deposit	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Dr. H. Bender</i>				Father's Birthplace	
Mother's Maiden Name		<i>Minna Bender</i>				Mother's Birthplace	
Name of person giving information		<i>Dr. H. Bender</i>				How related to deceased	
						Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4</i>
Immediate	<i>Yes</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. G. Fisher</i>	
		Address	
		<i>Port Deposit, Md.</i>	
Accident or Suicide?			



Name in Full		John T Bennett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Elkton		County Beebe		MARYLAND
	Date of death		1908	Month 4	Day 28	Age 68	Months —
	Sex		Male		Color or Race White		Birth-place Md
	Occupation		Merchant		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Mary Bennett		
	Father's Name		John Bennett		Father's Birthplace Md		
	Mother's Maiden Name		Martha Scott		Mother's Birthplace Md.		
Name of person giving information		Wm Bennett		How related to deceased		Son	
<div>CAUSES OF DEATH</div> <div>64</div>							
PHYSICIAN OR CORONER	Primary		Apoplexy		How long 2 weeks		
	Immediate		Dehydration		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician D. W. Cawley		
	Accident or Suicide?				Address Elkton Md		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chester David Brown

Town *North East* County *Becil* *60*

Died at *North East* *Becil* *60*

Date of death *1908* Month *April* Day *27* Age *12* Years Months *March* Days *23*

Sex *Male* Color or Race *Colored* Birth-place *North East*

Occupation *None* Where Residing if not at place of death *Home*

Married, Single or Widowed *None* Name of Wife or Husband *None*

Father's Name *Wm Henry Brown* Father's Birthplace *Prince Georges*

Mother's Maiden Name *Annie Eliza Brown* Mother's Birthplace *North East*

Name of person giving information *G. E. Anderson* How related to deceased *Uncle*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

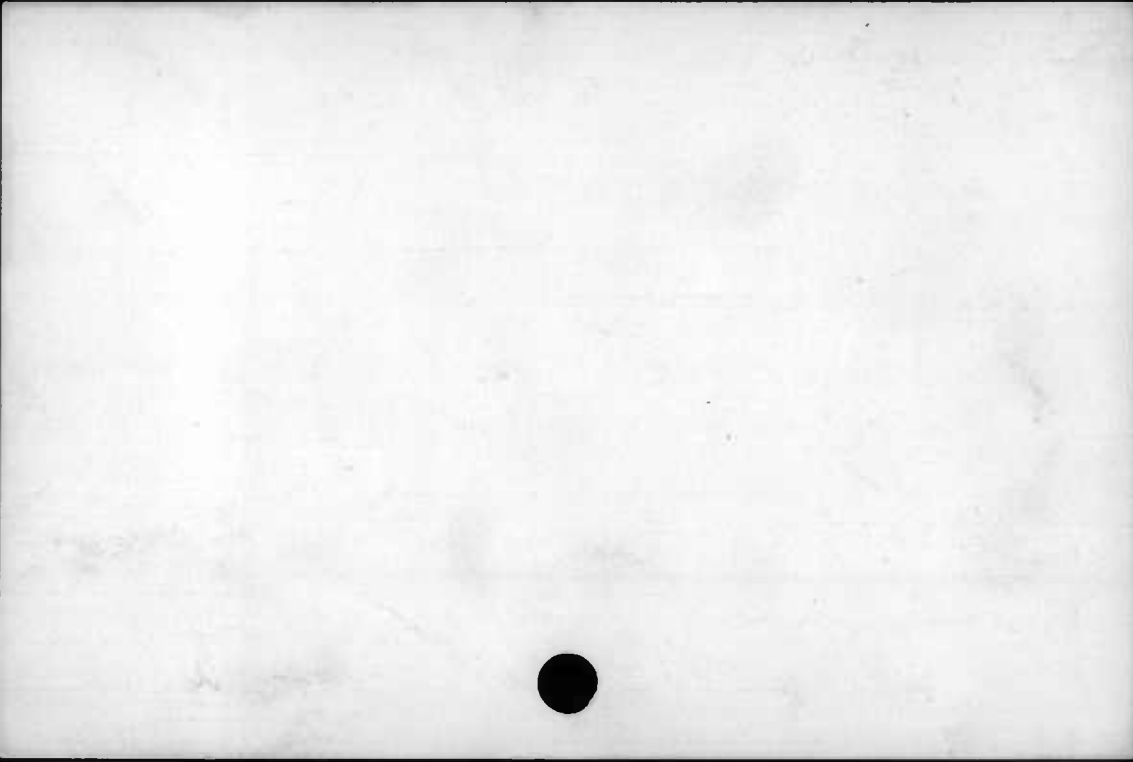
Primary *Tuberculosis* How long *3 Months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *B. A. Anderson*

Address *North East*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cecil* ^{Town} *Cecil* ^{County}Date of death *1908* Month *4* Day *11* Age *70* Years Months DaysSex *Male* Color or Race *Negro* Birth-place *Ind.*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband *Emily Brown*Father's Name *John Brown* Father's Birthplace *Not Known*Mother's Maiden Name *Arrie Ferrell* Mother's Birthplace *"*Name of person giving information *Milton Brooks* How related to deceased *Son in Law*

CAUSES OF DEATH

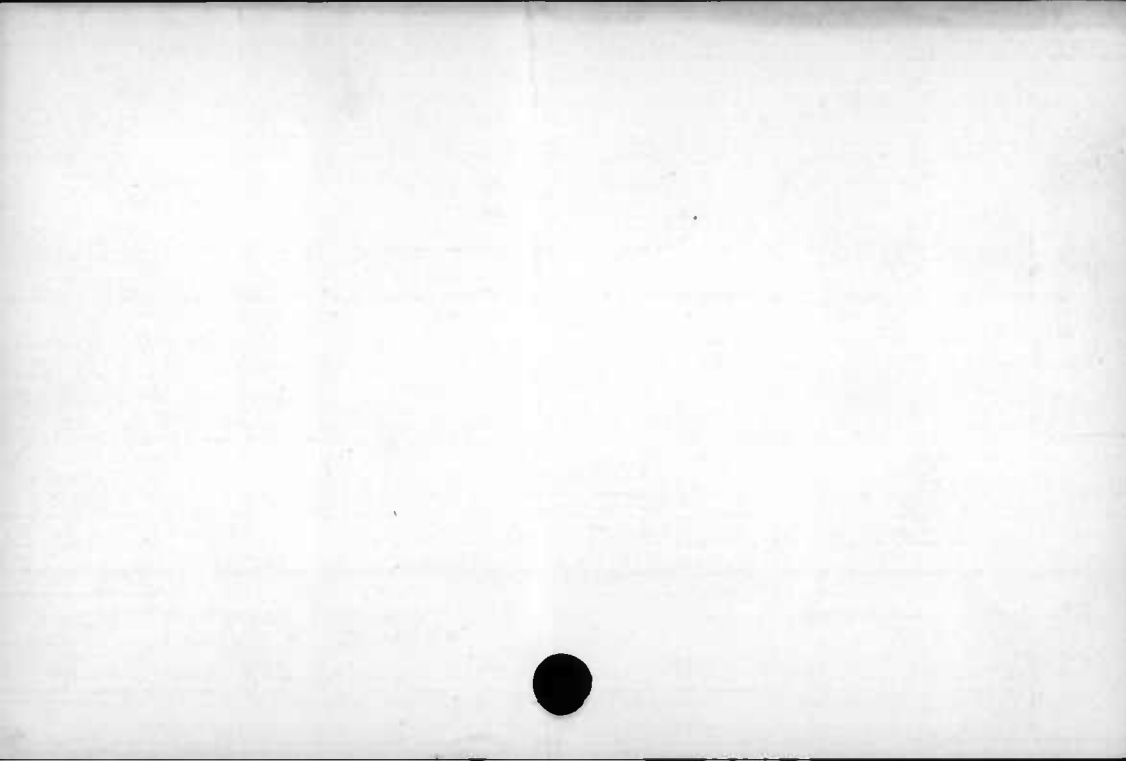
64Primary *Cerebral Hemorrhage* How long *6 Hours*Immediate *"* *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full Mary L Brown		CERTIFICATE OF DEATH	
Died at Sylmar Town		County Cecil	
Date of death 1908 Apr 24		Age 77	
Sex Female		Color or Race white	
Occupation wife		Where Residing if not at place of death Sylmar	
Married, Single Widowed		Name of Wife or Husband J. James Brown	
Father's Name Wm. Cameron		Father's Birthplace Cal.	
Mother's Maiden Name Mary R. Cameron		Mother's Birthplace "	
Name of person giving information H. C. Brown		How related to deceased Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">445</div>			
Primary Cancer of neck, sub-mandibular		How long	
Immediate Exh		How long 13 wks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. B. Bailey	
Address		Address	
Accident or Suicide?			



Name
in
FullW^{mr} W Charsha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

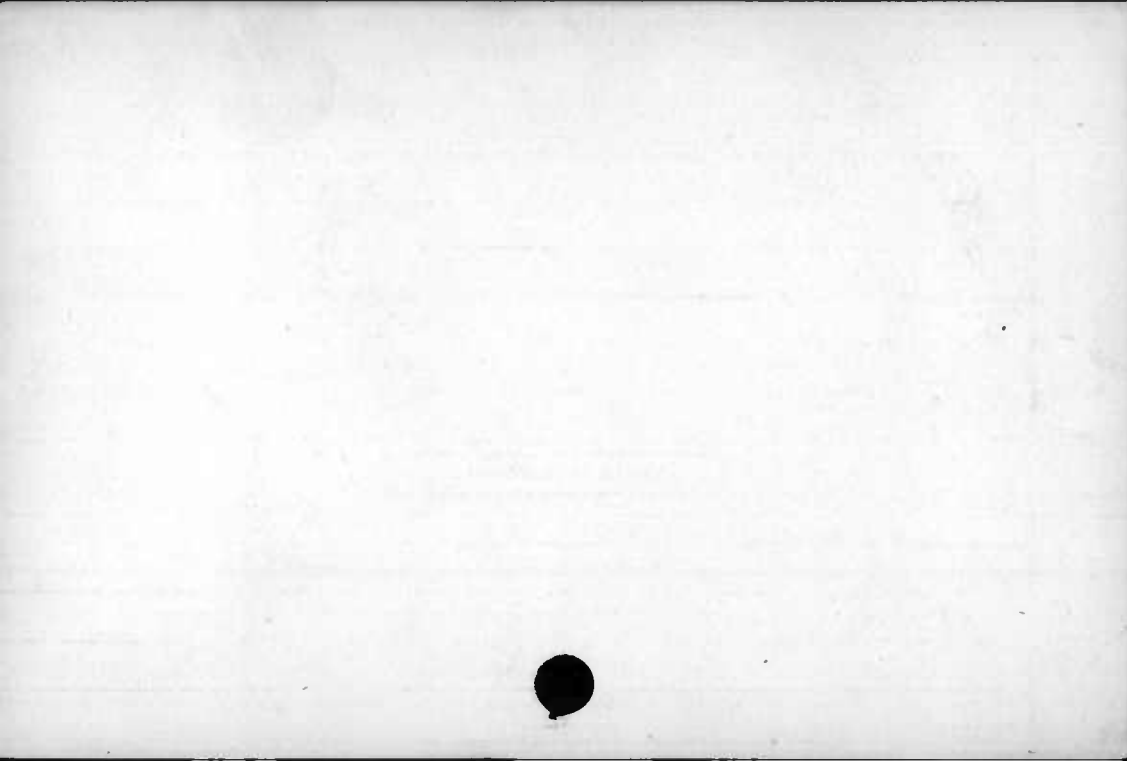
Died at <i>Woodlawn</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>7</i>	Age <i>5-7</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Charsha</i>				
Father's Name <i>James H Charsha</i>	Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Mary A Bowen</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Florence Brown</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>undiscovered</i>
Immediate <i>Uraemia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W G Oak M.D.</i>
	Address <i>Liberty-Grove Md.</i>
Accident or Suicide?	



Name
in
Full

Tholman Cloy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

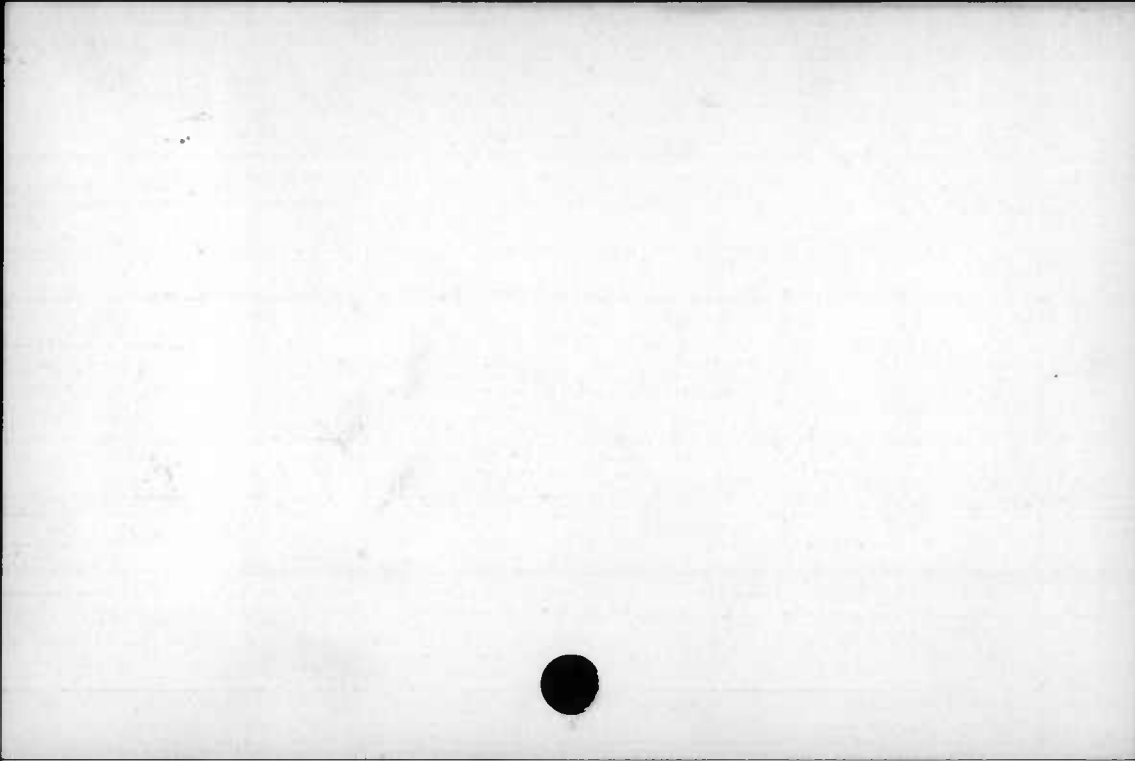
Died at <i>New Elston</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>26</i>	Age <i>58</i>	Years	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Eng</i>			
Occupation <i>Fisherman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Kate Cloy</i>				
Father's Name <i>Jacob Cloy</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Ann Reynolds</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>From Person of Known</i>		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long <i>Don't know</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm J Cawley</i>
		Address <i>Cecil</i>
Accident or Suicide?		<i>no.</i>



Name
in
Full

Edward T Dorcus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Port Deposit ^{County} CecilDate of death 1908 ^{Month} 4 ^{Day} 6 ^{Age} 47 ^{Years} 11 ^{Months} — ^{Days} —

Sex Male Color or Race white Birth-place Woodburyrough Md

Occupation Merchant- Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Susan A Dorcus

Father's Name Jacob Dorcus Father's Birthplace Woodburyrough Md

Mother's Maiden Name Ellen Thomas Mother's Birthplace Md

Name of person giving information Susan A Dorcus How related to deceased Wife

CAUSES OF DEATH

179

Primary Heart Failure How long Instant

Immediate

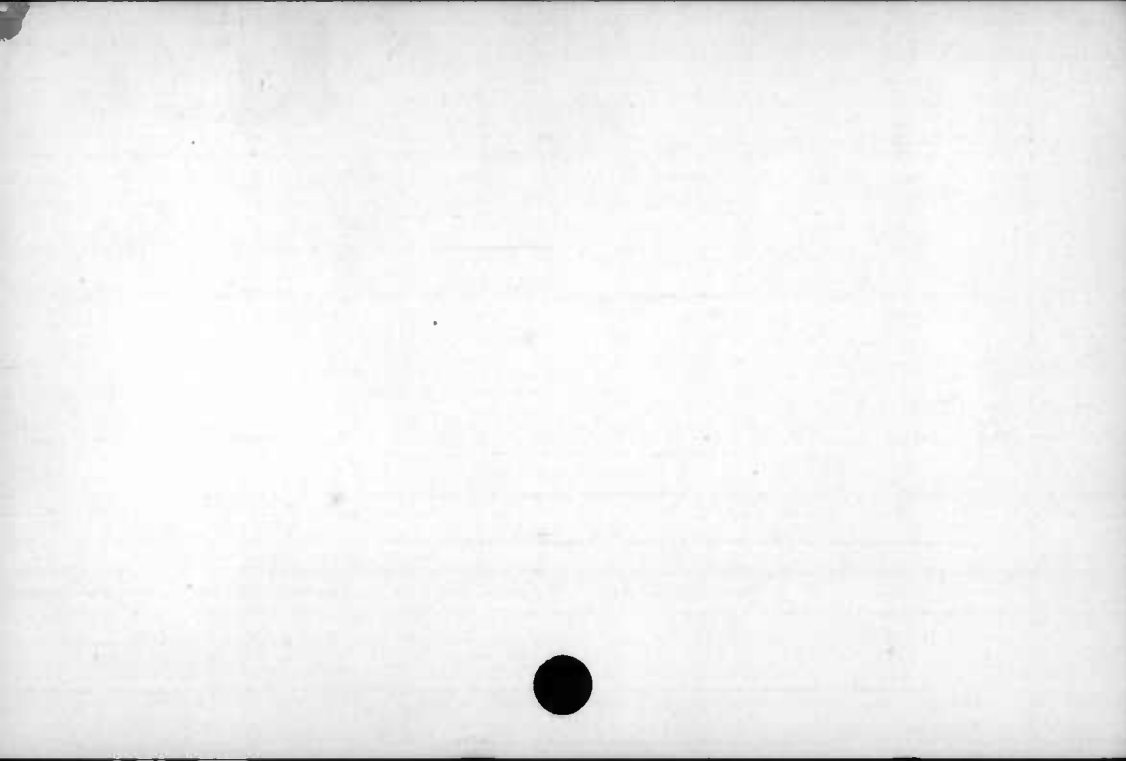
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

S. H. Feiler
Port DepositPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

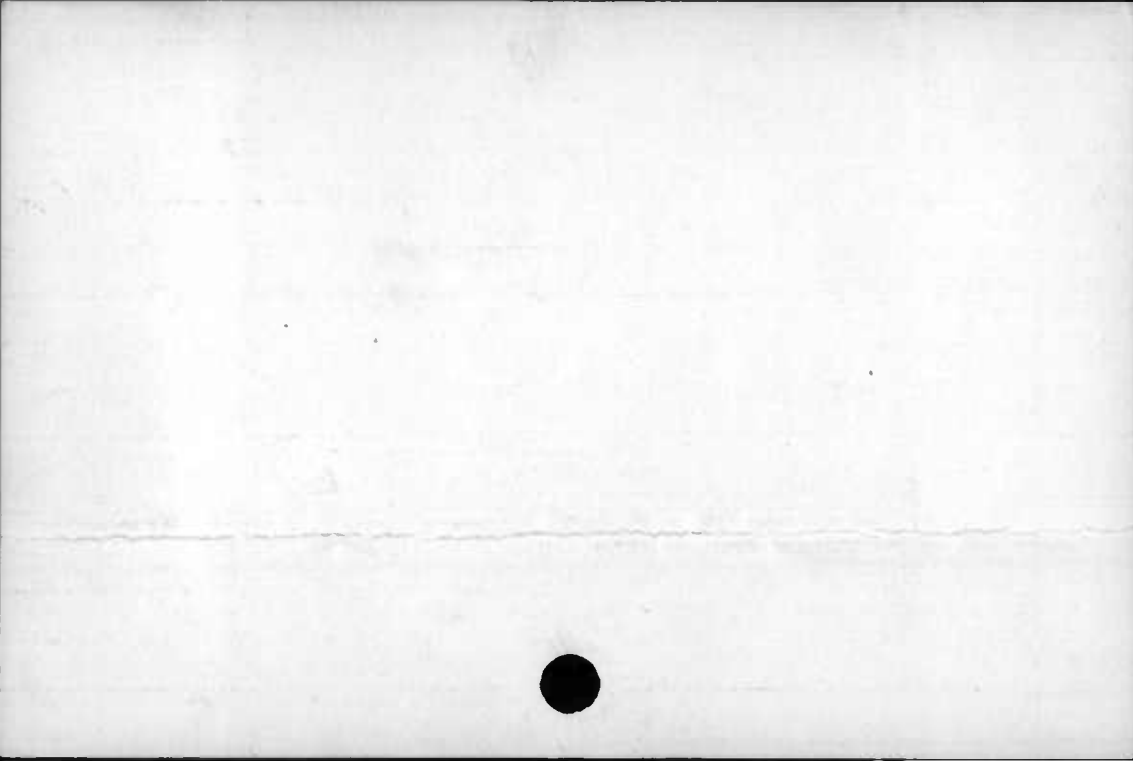
Name in Full <i>Catharine Matilda Hasson</i>		Town <i>Near Cabert-</i>		County <i>Cecil</i>		MARYLAND	
Died <i>Star</i>		Month <i>Apr.</i>		Day <i>11</i>		Age <i>57</i>	
Date of death <i>1908</i>		Month <i>Apr.</i>		Day <i>11</i>		Years <i>57</i>	
Sex <i>Female</i>		Color or Race <i>White-</i>		Birth-place <i>Chester Co. Pa.</i>		Months <i>1</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Near Cabert-</i>		Days <i>23</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Milton K. Hasson</i>		Father's Name <i>Thompson Leonard</i>		Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Rebecca Mc-Cormick</i>		Name of person giving information <i>Charles. Hopson</i>		Mother's Birthplace <i>Delaware</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

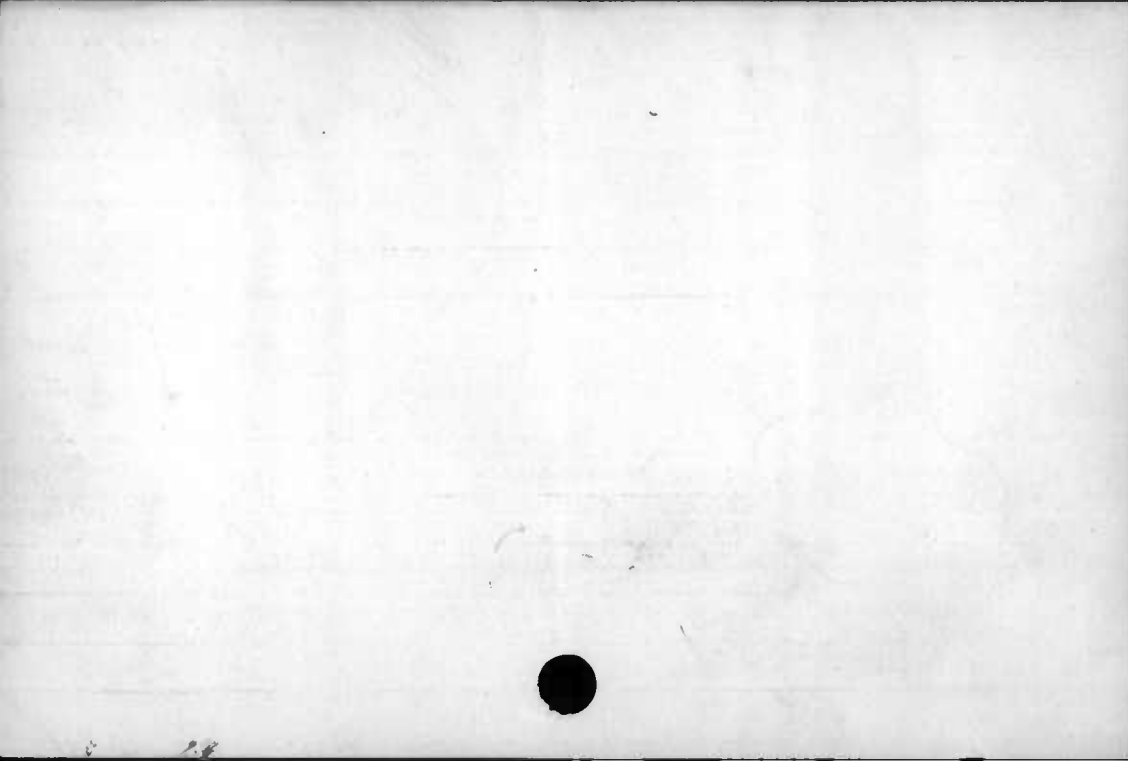
40

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Ten years.</i>
Immediate <i>Cancer of Stomach</i>	How long <i>About 3 years.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East, Md.</i>
Accident or Suicide?	



Name in Full		Thomas Russell Hopewell				72 nd		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Port Deposit		County		Beale Co		MARYLAND	
	Date of death	1908	Apr	14	Age	12	Months	Days	
	Sex	male		Color or Race	Colored		Birth-place	Port Deposit, Md	
	Occupation	none child			Where Residing if not at place of death		at Home		
	Married, Single or Widowed	single		Name of Wife or Husband		none			
	Father's Name	Martin Hopewell				Father's Birthplace	Virginia		
	Mother's Maiden Name	Mary Bulcher				Mother's Birthplace	Pennsylvania		
Name of person giving information	Martin Hopewell				How related to deceased	father			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>									
PHYSICIAN OR CORONER	Primary	Acute Pneumonia, Throat				How long	7 months		
	Immediate	Heart Failure				How long			
	Are the name, age, sex, color, date and place correctly given above?				Yes				
	Signature of Physician				W. C. Luck, M.D.				
	Address				Liberty, Green Md.				
Accident or Suicide?									



Name
in
Full

Blanche Virginia

Elizabeth Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Port Deposit

Town

Cecil

County

MARYLAND

Date of death 1908 April

Month

7 Day

Age 4 Years

2 Months

29 Days

Sex Female

Color or Race

Colored

Birth-place

Port Deposit

Occupation

Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Samuel Jones

Father's Birthplace

Summersett Co

Mother's Maiden Name

Clara L. Allen

Mother's Birthplace

Port Deposit Md

Name of person giving information

Mary Virginia Allen

How related to deceased

Grand Mother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Ephemerism

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

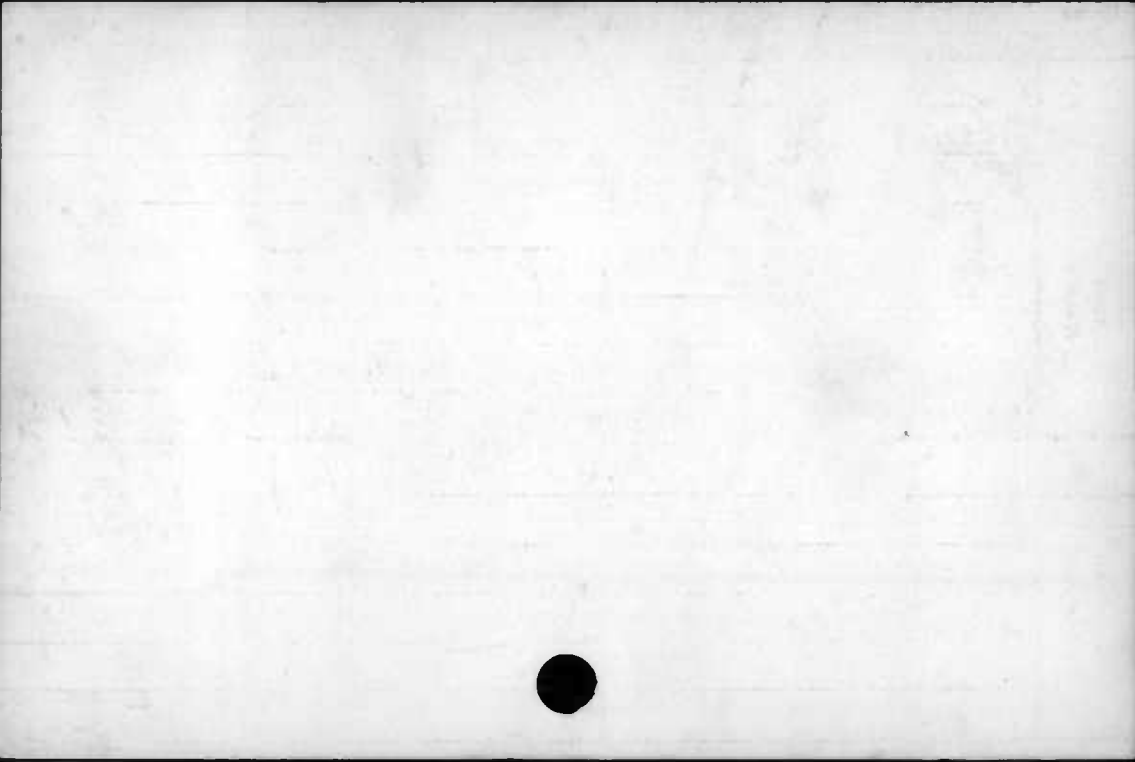
Signature of Physician

H. C. Clummon

Address

Port Deposit

Accident or Suicide?



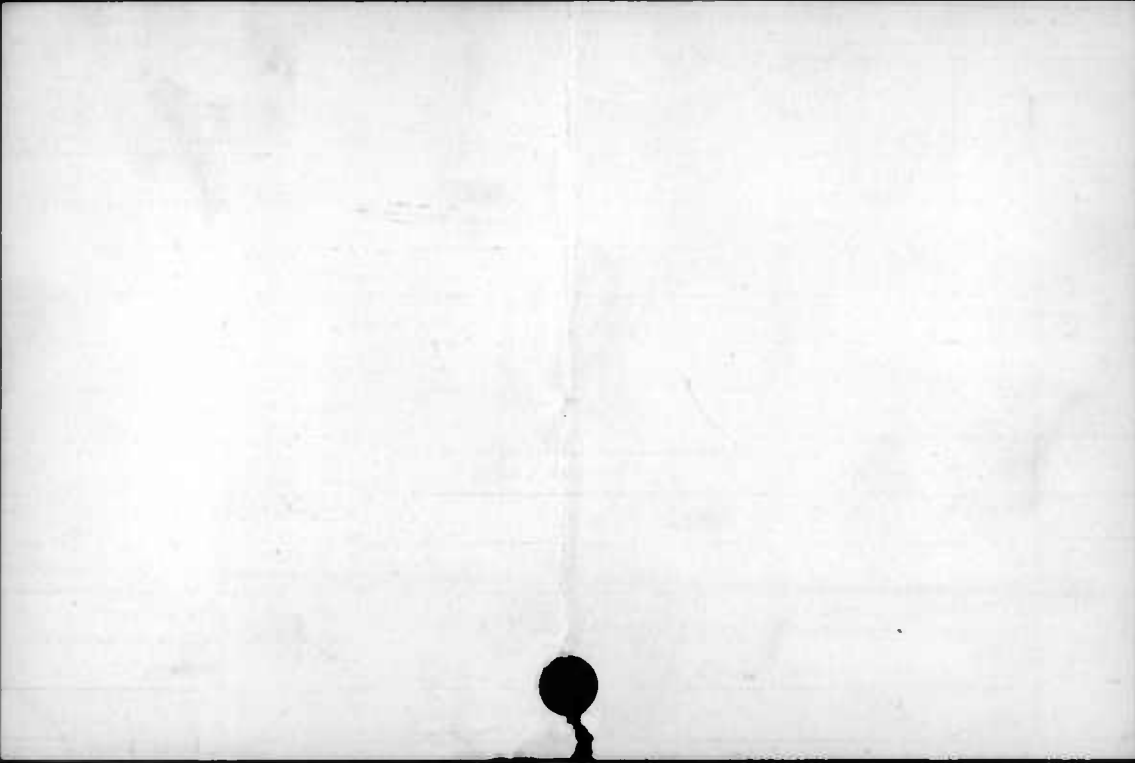
Name in Full Thomas Price Jones		CERTIFICATE OF DEATH	
Died at Cecil <small>Town</small>		Cecil <small>County</small>	
Date of death 1908 <small>Month</small> 4 <small>Day</small> 29 <small>Age</small> 86 <small>Years</small> 8 <small>Months</small>		MARYLAND <small>Days</small>	
Sex Male <small>Color or Race</small> white		Birth-place Maryland	
Occupation Postmaster		Where Residing if not at place of death _____	
Married, Single or Widowed Married <small>Name of Wife or Husband</small> Virginia Mae			
Father's Name Benedict Jones		Father's Birthplace Ind.	
Mother's Maiden Name Hester A Price		Mother's Birthplace Ind.	
Name of person giving information G. G. Morgan		How related to deceased Son	
CAUSES OF DEATH			
Primary Paralysis		How long 20 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. M. Black	
		Address Cecil Md	
Accident or Suicide? No			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		William Paul Kingston				8d Cert - CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Conowingo</u> <small>Town</small>		<u>Prince</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Apr.</u> <small>Day</small> <u>29</u>		Age <u>—</u> <small>Years</small> <u>was born</u> <small>Months</small> <u>dead</u> <small>Days</small>			
		Sex <u>male</u>		Color or Race <u>white male</u>		Birth-place <u>Conowingo Md</u>	
		Occupation <u>none</u>		Where Residing if not at place of death <u>Conowingo</u>			
		Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>Born Dead -</u>			
		Father's Name <u>Emory Paul Kingston</u>		Father's Birthplace <u>Spokane Wash Dc</u>			
Mother's Maiden Name <u>Addie Pusey</u>		Mother's Birthplace <u>Port Deposit Md</u>					
Name of person giving information <u>Emory P Kingston (Father)</u>		How related to deceased <u>Father</u>					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>The above patient was born dead</u>				How long <u>Caused by</u>	
		Immediate <u>Pressure on umbilical cord - during labor</u>				How long	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Ernest Rowland</u>	
						Address <u>Liberty Groove Md</u>	
		Accident or Suicide?					



Name
in
Full

Amos B Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Elkton

County

Cecil

Date of death 1908 April

Day

26

Years

Age 59

Months

Days

Sex male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jennie Lewis

Father's
Name

Jm Lewis

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah Kiland

Mother's
Birthplace

Md

Name of person giving
Information

W A Mitchell

How related
to deceased

None

CAUSES OF DEATH

120

Primary

Chronic interstitial nephritis

How long

1 year

Immediate

Angina pectoris

How long

5 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Winifred T. Morrison

Address

Elkton, Md.

Accident or Suicide?



Name
in
Full

Gertrude A. Martindale

CERTIFICATE OF DEATH

Town

County

Died at

Gion

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 Apr.

Age

5-6

Sex

Female

Color or
Race

White

Birth-
place

Gion

Md.

Occupation

House Wife

Where Residing if not
at place of death

Gion

Md.

Married, Single
or Widowed

Married

Name of Wife
Husband

Amos Martindale

Father's
Name

Isaac. F. van Arsdale

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Mary Smock

Mother's
Birthplace

New Jersey

Name of person giving
In formation

Amos Martindale

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Bright's disease & Hyaline Heart disease

How long

5 yrs

Immediate

Nemic Poisoning

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

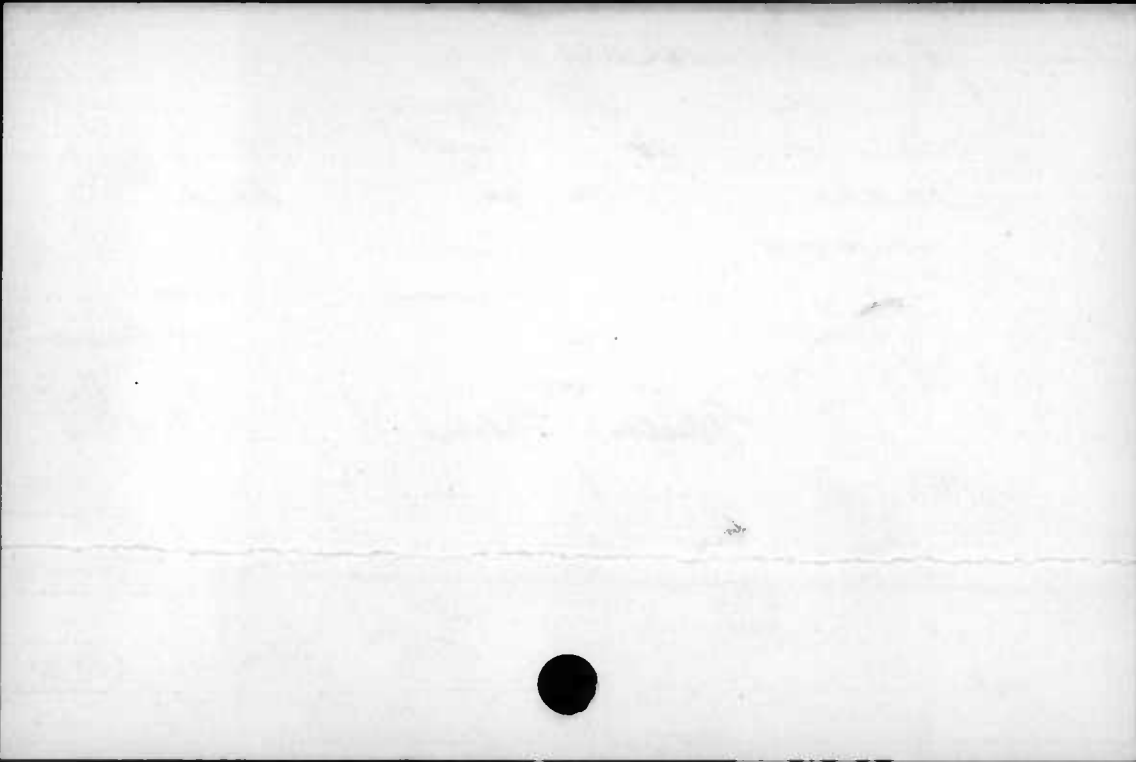
Signature of
Physician

Address

W. H. Haffner
Gion Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

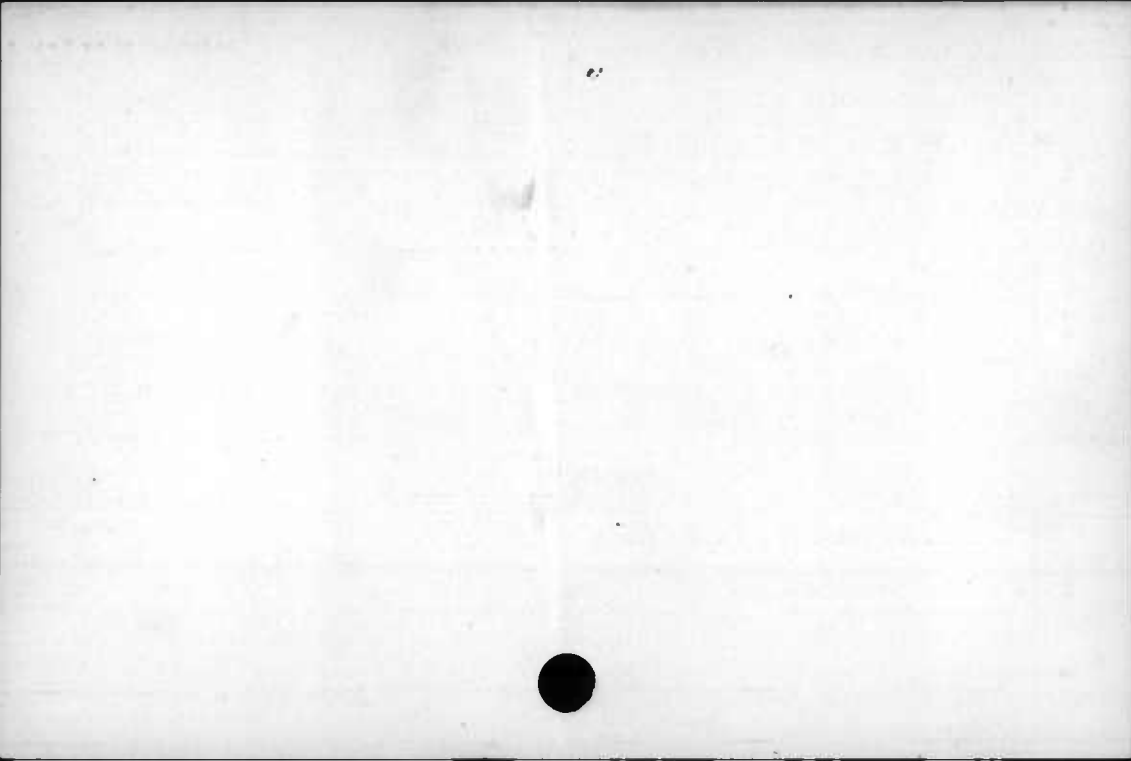
Died at <i>Cecil</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1908	Month	4	Day	11
Sex	Male	Color or Race	Negro	Years	45
Occupation	Laborer	Birth-place	Md	Months	0
Where Residing if not at place of death		Days	0		
Married, Single or Widowed		Name of Wife or Husband	Fannie Morris		
Father's Name	Jacob Morris	Father's Birthplace	Not known		
Mother's Maiden Name	Not known	Mother's Birthplace	" "		
Name of person giving information	Frederick Morris	How related to deceased	Wife		

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	Central Embolism	How long	48 Hours
Immediate	u u	How long	u u
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. H. Braunfornes	
		Address Cecil Md	
Accident or Suicide?			



Name
in
Full

Joseph H. Peters

Sole Int

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Conowingo* Town

County

Cecil

MARYLAND

Date
of death 190 *8*Month
*4*Day
5

Age

Years
*23*Months
*10*Days
25

Sex

*Male*Color or
Race*Black*Birth-
place*Cowlandville*

Occupation

*Driver*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Miller Peters*Father's
Birthplace*Conowingo Md.*Mother's
Maiden Name*Adeline Collamer*Mother's
Birthplace*Conowingo Md.*Name of person giving
In formation*Amos Brown*How related
to deceased*Brother in Law*

CAUSES OF DEATH

27

Primary

Exposure. Acute Tuberculosis

How long

3 months

Immediate

Paralysis Heart.

How long

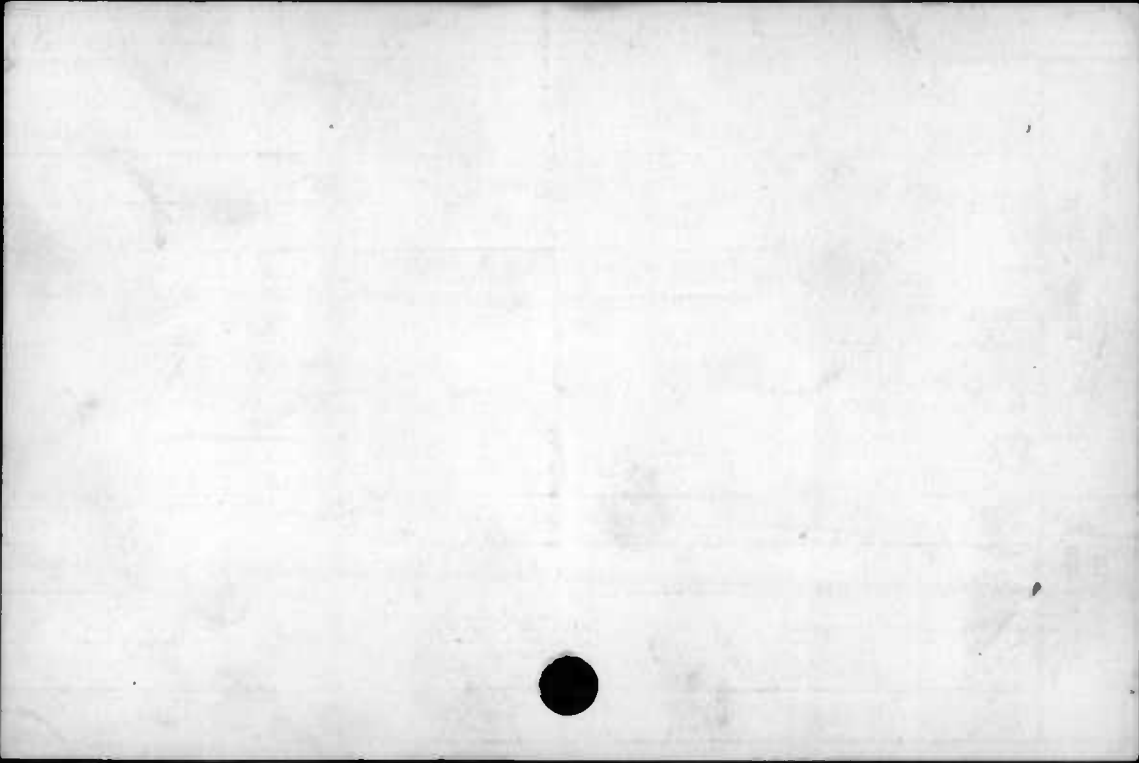
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. M. Ragau M.D.*

Address

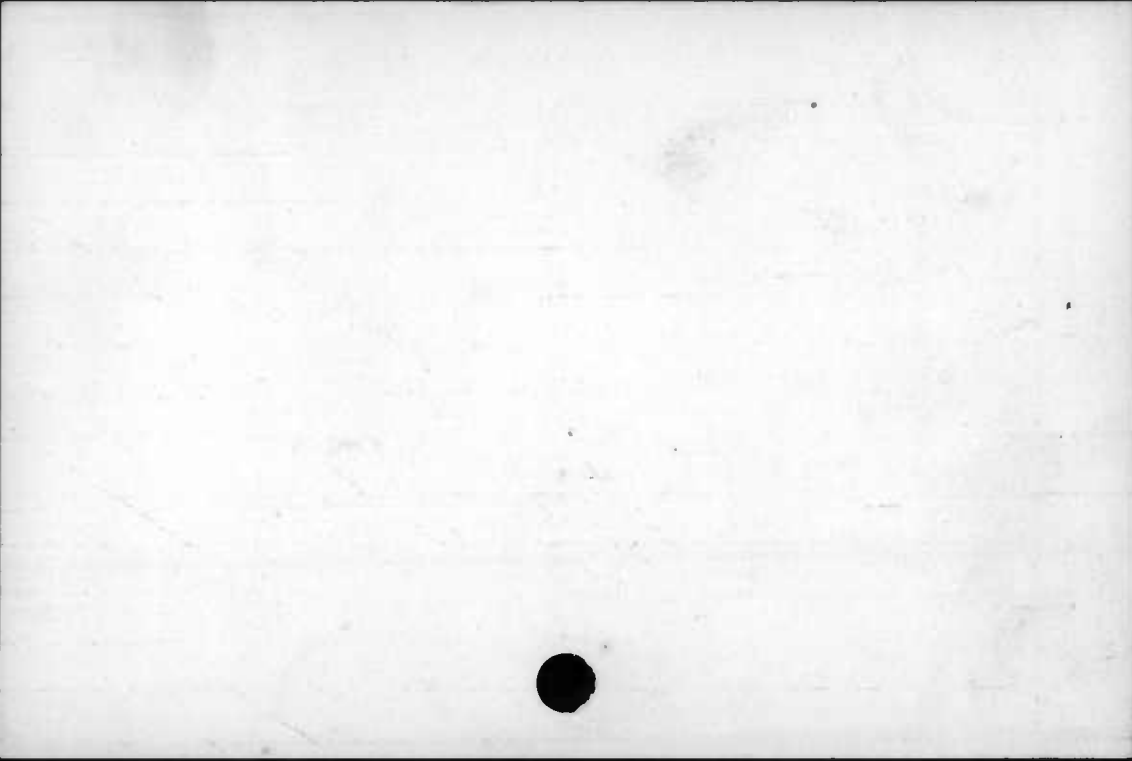
Conowingo Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Elisabeth Racine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elk Neck Town		cecil County		MARYLAND
	Date of death	1904	Month	April	Day	19	Age
					Years	-	Months
						-	Days
						-	5
	Sex	Female		Color or Race	White		Birth-place
	Elk Neck						
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry D Racine				Father's Birthplace	
						Pennsylvania	
Mother's Maiden Name		Cary Holmes				Mother's Birthplace	
						Elk Neck Md	
Name of person giving information		Harry D Racine				How related to deceased	
						Father	
		CAUSES OF DEATH		85			
PHYSICIAN OR CORONER	Primary		Hemorrhage (nose)			How long	
						Two by spell	
	Immediate		Spasms			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			L J Hamrick	
		Address			North East Md		
Accident or Suicide?							



Name
in
Full

Martha M White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

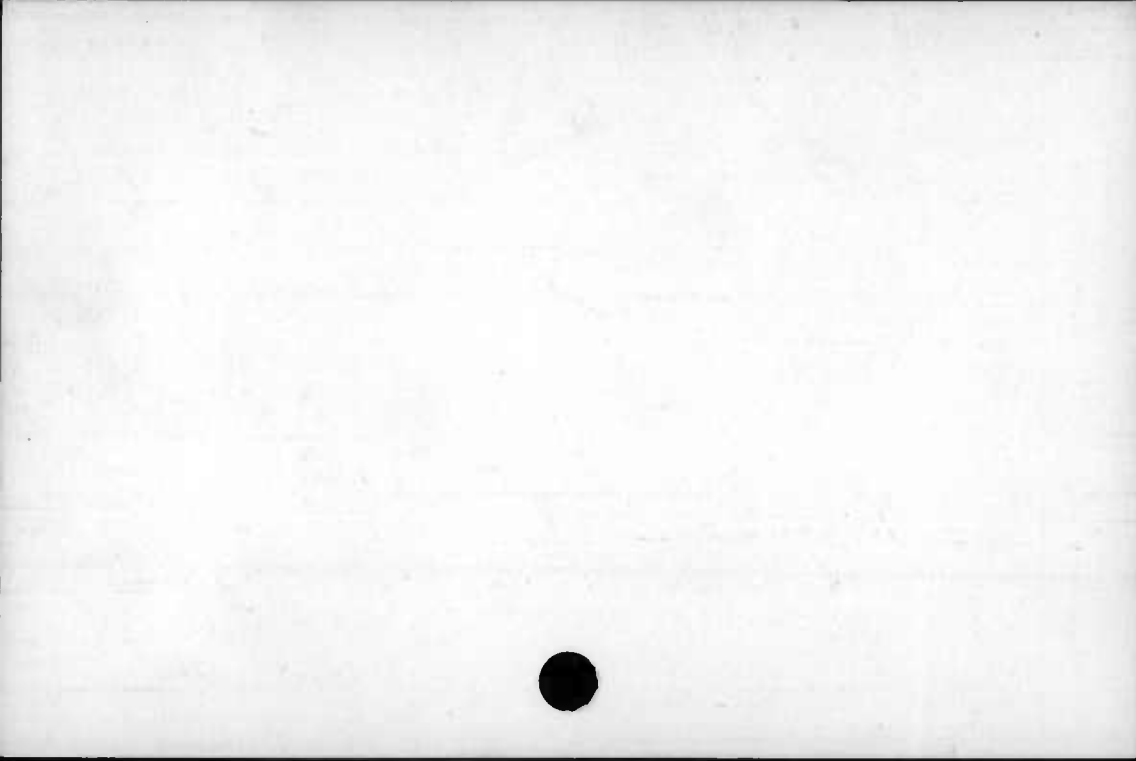
Died at Elkton <small>Town</small>		Cecil <small>County</small>		MARYLAND	
Date of death 1908	4 <small>Month</small>	11 <small>Day</small>	67 <small>Years</small>	- <small>Months</small>	- <small>Days</small>
Sex Female	Color or Race White		Birthplace Wes		
Occupation Housewife		Where Residing if not at place of death -			
Married, Single or Widowed Married	Name of Wife or Husband Clinton D White				
Father's Name George P Williams	Father's Birthplace Wes		Mother's Birthplace Unknown		
Mother's Maiden Name Unknown	Name of person giving information Clinton D White		How related to deceased Husband		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis	How long 2 or 3 years
Immediate Exhaustion	How long Indeterminate
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Howard Brinkin
	Address Elkton Md
Accident or Suicide? 9	



CERTIFICATE OF DEATH

